



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

[Click Here to go to the Virginia Department for the Aging Home Page](#)

TABLE OF CONTENTS AAA TUESDAY E-MAILING October 5, 2004

SUBJECT	VDA ID NUMBER
<u>Virginia Aging and AoA in the News</u> (Tim Catherman)	05-01
<u>National Family Caregiver Support Program Reporting</u> (Tim Catherman)	05-02
<u>Evidence-Based Disability and Disease Prevention for Elders: Translating Research into Community-Based Programs</u> (Tim Catherman)	05-03
<u>State-based Examples of Network Innovation, Opportunity, and Replication</u> (Tim Catherman)	05-04
<u>Final Contract Year 2004 Financial Report And Service Report</u> <u>(13th Month Report)</u> (Warren McKeon)	05-05
<u>Commonwealth Council on Aging Meeting Minutes</u> (Marsha Mucha)	05-06

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COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: October 5, 2004

SUBJECT: Virginia Aging and AoA in the News

Below are Virginia Aging or AoA related articles that have occurred since last week's Tuesday E-mailing. These links do not require a paid service; however, some (like the Washington Post, etc.) ask a brief survey or registration. Please note some links are time sensitive and can change daily. Some articles may be editorial and/or political. Links are presented 'as is'.

If you are aware of articles that I am missing, please e-mail me a link for inclusion next week.

VDA in the News[Panel Backs Overhaul For Assisted Living](#)

Washington Post - Washington, DC, USA

... "We have a moral duty to do this," said Jay W. DeBoer, commissioner of the Virginia Department for the Aging, who co-chairs the task force. ...

Virginia AAAs In the News[Agency gets grants to educate people on prescription cards](#)

Virginian Pilot - Norfolk, VA, USA

Senior Services of Southeastern Virginia has received three ... Senior Services also received two federal grants totaling an ... local agency for the aging had been ...

[Annual Event Fosters Helping Around Country](#)

Winchester Star - Winchester, VA, USA

... be delivered to the RSVP office at the Shenandoah Area Agency on Aging, 207 Mosby ... profits from sales of Newman's Own products, provides financial support to ...

SUBJECT: Virginia Aging and AoA in the News
Page 2 of 2

AoA News From Around the Nation

[2005 White House Conference On Aging Launches New Web Site](#)

SeniorJournal.com - San Antonio, TX, USA

... the critical issues it advocates on behalf of older Americans, said Josefina G. Carbonell, Assistant Secretary for Aging of the US Administration on Aging.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Program Coordinators
Financial Officers
AIM Administrators

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: October 5, 2004

SUBJECT: National Family Caregiver Support Program Reporting

Starting with the 2005 federal fiscal year, AoA has modified the National Aging Program Information System – State Program Report (NAPIS-SPR) to collect National Family Caregiver Support Program (NFCSP) caregiver information. The AIM software has been revised to accommodate this change. AIM now collects both caregiver and care recipient information.

As of October 1, 2004, your AIM administrator **must** categorize services provided as either (NFCSP) or traditional Title III (III-B, C1, C2, and D) at the time of data entry of the service units. **If this is not done, reporting units in AIM will require intensive rework before year end.**

VDA would like to share best practices to improve the reporting of units to both the caregiver and care recipient. As you develop your procedure/policy, you are encouraged to put it in writing.

Elements of best practices include:

- Ensure proper allocation in the Area Plan of funds and units between traditional Title III and NFCSP.
- Ensure the Program Coordinators, Finance Officer, and AIM Administrator are aware of the Area Plan funds and units.
- Assign a staff person to keep track of projected units committed for services.

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SUBJECT: National Family Caregiver Support Program Reporting
Page 2 of 2

- Assign a staff person (probably the AIM Administrator) to keep track of actual units provided.
- Schedule regular meetings (generally monthly – if not more often) between the Program Coordinators, Finance Officer, and AIM Administrators.

Methods to assess proper allocation:

- Monthly reports showing variances within (10%) ten percent between actual and year-to-date Area Plan fund totals and units, or projected to be by year end. If not, an Area Plan amendment should be submitted.
- If AMR units are obtained from sources other than AIM, variances on the *AIM DATA MONTHLY VERIFICATION REPORT* should be minimal. (It is recommended to adopt AIM units for the AMR).
- Open communication between Program Coordinators, Finance Officer, and AIM Administrators.

If you have any questions, about any of these issues, please contact the appropriate person at VDA or me.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: October 5, 2004

**SUBJECT: Evidence-Based Disability and Disease Prevention for Elders:
Translating Research into Community-Based Programs**

Co-sponsored by the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Administration on Aging (AoA), the National Institute on Aging (NIA), and the Centers for Medicare and Medicaid Services (CMS)

December 6-7, 2004
Allegro Hotel
Chicago, Illinois

OVERVIEW

AHRQ, in collaboration with the CDC, AoA, NIA, and CMS has designed a workshop for state and local policy makers and agency managers to promote the use of evidence-based disease prevention approaches in community programs for the elderly. These approaches are intended to be used in aging services provider organizations such as senior centers, adult day care programs, nutrition programs and senior housing projects.

This workshop will help states and their communities proactively plan for the challenges associated with an aging population and the projected growth in the number of people with chronic conditions. By implementing interventions that have proven to be effective

SUBJECT: Evidence-Based Disability and Disease Prevention for Elders:
Translating Research into Community-Based Programs
Page 2 of 2

in reducing the risk of disease, disability, and injury among the elderly, State and local programs will be able to improve the health status of this vulnerable population. The program will also help participants leverage the resources of Federal, State, and local health and social services agencies in disease prevention, particularly with respect to underserved populations and those who are victims of health disparities.

OBJECTIVES

Following the workshop, participants will be able to:

1. Describe a framework for implementing evidence-based prevention programs for elders
2. Utilize State and local models to promote disability and disease prevention
3. Address barriers and opportunities to building disability and disease prevention partnerships
4. Make decisions about prevention priorities, program design and implementation; and
5. Access current and future technical and financial resources available from Federal agencies

AUDIENCE

The workshop has been designed for State teams representing the State Unit on Aging or the Health Promotion and Disease Prevention liaison, the Department of Health Chronic Disease Director's Office, the State Medicaid agency, an Area Agency on Aging and a community aging service provider (such as a senior center or adult day service provider), a Local Health Department, a local health system or researcher. We anticipate that teams will consist of five members representing the organizations listed above. Participation will be limited to ten teams.

Assistance will be available to support airfare (coach) and hotel costs (room plus tax) for up to five people per team for ten teams. Team leaders may include additional members from the identified organizations on a "space available" basis. There is no registration fee for this workshop.

APPLICATIONS ARE TO BE SUBMITTED IN FULL NO LATER THAN FRIDAY
OCTOBER 22, 2004

For more information or to request an application, please contact Laurie Belden at lbelden@nashp.org or (207) 874-6505

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: October 5, 2004

SUBJECT: State-based Examples of Network Innovation, Opportunity, and Replication

(SENIOR) Grants Program Announced [formerly the health and aging mini-grant program]

The Chronic Disease Directors (CDD), with support from the Centers for Disease Control and Prevention (CDC) and the Administration on Aging (AOA), and in collaboration with the and the National Association of State Units on Aging (NASUA), today announced the SENIOR (State-Based Examples of Network Innovation, Opportunity, and Replication) grants program, which provides funding to implement health promotion and disease prevention programs for older adults at the state and/or local level.

All state health departments and state units on aging are eligible to apply for grants to foster programs to address one of four health promotion topic areas: 1) clinical preventive services; 2) regular physical activity; 3) chronic disease self-management techniques; or 4) oral health. With a focus on collaboration between state health departments and units on aging, proposed programs should be designed to take advantage of the respective strengths, expertise and outreach of the public health and aging services networks.

Last year, with support from CDC and AOA, CDD and NASUA funded 14 state-based projects at approximately \$14,000 each, including programs for physical activity

SUBJECT: State-based Examples of Network Innovation, Opportunity, and Replication
Page 2 of 3

promotion, expanding the use of preventive health care services, and chronic disease self-management.

Approximately \$130,000 is available to fund 8 to 10 SENIOR grants in the areas of clinical preventive services, physical activity, and self-management, and approximately \$50,000 is available to fund 3-4 awards to address the area of oral health. The average SENIOR grant is expected to be \$14,000, with a range from \$12,000 to \$16,000.

Applicants will be notified of award decisions by December 20, 2004.

To apply, a letter of intent must be sent electronically to Jeanne Alongi, MPH, CDD consultant, at Alongi@ChronicDisease.org by October 20, 2004. Complete applications must be submitted electronically by November 23, 2004. More information on the SENIOR grants can be found on the CDD Web site at www.ChronicDisease.org. The complete RFA is available under the "what's new" section of the Chronic Disease Director's website. Click on "Healthy Aging: Request for Proposals"

BELOW IS ONLY PAGE 1 OF THE REQUEST FOR APPLICATIONS.

State-based Examples of Network Innovation, Opportunity, and Replication (SENIOR) Grants

REQUEST FOR APPLICATIONS

Applications due: November 23, 2004

A. Purpose

The Association of State and Territorial Chronic Disease Program Directors (CDD), with support from the Centers for Disease Control and Prevention (CDC) and the Administration on Aging (AOA), and in collaboration with the National Association of State Units on Aging (NASUA), announce the availability of funds to implement evidence-based health promotion/disease prevention projects for older adults at the state and/or local level. Projects will be designed to address one of four health promotion areas: 1) expanding the use of clinical preventive services; 2) increasing regular physical activity; 3) expanding the use of chronic disease self-management techniques; or 4) assessing and promoting oral health. Funded projects will draw upon the respective strengths, expertise, and resources of both the public health and aging services networks.

SUBJECT: State-based Examples of Network Innovation, Opportunity, and Replication
Page 3 of 3

Information regarding the health promotion areas is included in Attachment 1. Applicants are encouraged, although not required, to select one of the examples provided (excluding oral health, which has a different format explained in Attachment 1.) If an applicant applies for funding in one of the first three health promotion topic areas and does not choose to use one of the examples found in Attachment 1, documentation including references must be provided to demonstrate the evidence base for the project selected. Applicants should not propose to conduct research to investigate unproven projects.

B. Eligible Applicants

State health departments (SHDs) and state units on aging (SUAs) are eligible to apply individually or jointly; active SHD/SUA collaboration is a requirement in either instance. Multiple applications per state will be accepted for review, but no more than one application per state will be funded.

C. Funding

1. Availability of funds: Approximately \$130,000 is available in FY 2005 to fund 8-10 awards to address one of the following three topic areas: 1) clinical preventive services; 2) physical activity; and 3) chronic disease self management. Approximately \$50,000 is available in FY 2005 to fund 3-4 awards to address the topic area of oral health.

Attachment 1 describes potential projects for each of these topic areas.

The average award is expected to be \$14,000, with a range from \$12,000 to \$16,000.

Awards will be made for a project period of 12 months.

Applicants will be notified of award decisions by December 20, 2004.

2. Use of funds: States may use a fiscal agent. Funds available under this announcement may be used for staff salaries, local travel, and costs associated with implementing a new project. Funds may not be used to supplant funds for existing projects; to conduct research; to purchase food, beverages, or equipment; to subsidize renovations; or to conduct lobbying activities.

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Finance Directors
Area Agencies on Aging

FROM: Warren J. McKeon

DATE: October 5, 2004

SUBJECT: Final Contract Year 2004 Financial Report And Service Report (13th Month Report)

The Contract Year 2004 Financial Report And Service Report (13th Month Report) should be completed and electronically submitted to the Virginia Department for the Aging (VDA) by the close of business, **November 15, 2004**. This report is used by Area Agencies on Aging (AAAs) to report finalized annual performance, expenditures and receipts for the fiscal period October 1, 2003 through September 30, 2004. The following schedules must be submitted.

- **Final Contract Year 2004 Financial and Service Report:** This year the Aging Monthly Report (AMR) will be used to report compiled annual programmatic and financial information for the period October 1, 2003 to September 30, 2004. When completing your report, select **Final (13th Mo)** from the month drop down menu on the payment worksheet. Please name your file, "Final PSA xx," when emailing your submission to reports@vda.virginia.gov. Insert your PSA number in the characters denoted by xx.
- **Final (13th Mo) – Schedules A, B, & C:** Schedules A, B, & C have been written in Excel and are available on the VDA website. The three schedules are tabbed as separate worksheets in the workbook. The workbook should be downloaded to your computer before completion. Please name the file, "ABC PSA xx," when emailing your submission to: reports@vda.virginia.gov. Schedules A, B, & C are to be included in your audited financial statements as supplementary information and your audit firm is required to include these schedules in their audit opinion. **Please ensure that the**

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agency submission and the schedules included by your auditor in the audit report are the current format.

- **Schedule A, Status of Funds:** This schedule provides an accounting of grant funds on hand at the beginning of the period, and receipt and expenditures of grant funds during the period. Although general fund awards for fiscal years ending on June 30, 2004 needed to be obligated by June 30, 2004, the recipient had until September 30, 2004 to liquidate the obligations. If a cash balance exists on September 30, 2004 from any general fund award for the Program Year (PY) ending on June 30, 2004, please refund the balance to VDA with a copy of Schedule A as your remittance advice.
- **Schedule B, Costs by Program Activity:** This schedule accounts for the expenditure of funds by activity rather than grant. Please ensure that Schedules A & B tie where appropriate. Schedule B has again been modified to correspond to the Aging Monthly Report. It now includes separate sections to report Title III activity (Except III-E) and a section to report III-E activity. If there are no audit adjustments, the data reported on your final AMR should be the same as reported on Schedule B.
- **Schedule C, Status of Inventories:** Tangible personal property purchased with funds from a Federal or State grant should be included. Generally, equipment or large quantities of food would be the main items reported. Equipment with a fair market value of less than \$5,000 per unit should not be reported.

Contractor Certification Form: This form should be prepared on AAA letterhead and signed by the AAA Executive Director.

Please mail the Contractor Certification to:

Warren J. McKeon, Financial Manager
Virginia Department for the Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229

SUBJECT: Final Contract Year 2004 Financial Report And Service Report (13th
Month Report)
Page 3 of 3

Your submission should include all contracts issued by VDA to support contract year 2004 operations. All funds received during the period, October 1, 2003 to September 30, 2004, should be accounted for and included. **As a reminder, your agency's audit report is due to VDA by December 15th.** One 30-day extension may be requested in writing, but the extension request must be received before December 15th.

CERTIFICATION

I, (Insert Name)_____ certify that I am the
Executive Director_____ of_(Area Agency on
Aging)_____.

I have reviewed the Final (13 Month) Aging Monthly Report (AMR) and Status of Funds, Costs by Program Activity, and Status of Inventories (Schedules A, B, & C). By submitting these reports, as required by the Virginia Department for the Aging (VDA) Regulations, Section, 22 VAC 5-20-480 and Section 22 VAC 5-20-500, I certify, that to the best of my knowledge and belief, this information is a true, correct, and complete statement prepared from the books and records of the agency in accordance with applicable instructions, except as noted.

Further I certify that all costs and revenues reported are allowable as specified by the contracts issued with the VDA. Any audit adjustments that occur subsequent to the filing of these documents, shall be promptly reported to the VDA.

Executive Director

Date

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Marsha Mucha

DATE: October 5, 2004

SUBJECT: Commonwealth Council on Aging Meeting Minutes

Attached for your information are the minutes from the June 17, 2004 Commonwealth Council on Aging meeting.

If you have any questions or would like additional information, please let me know.

Commonwealth Council on Aging

Meeting Minutes

June 17, 2004

Virginia Department for the Aging Conference Room

Members Present:	J. W. Burton	Judith Koziol
	Mary Lee Cantor	Adolphus Nelum
	David Cash	Judi Reid
	Dr. Barbara Chrisley	Shirley Rogers
	Helen Cockrell	Elvira Shaw
	Catherine Galvin	Barbara Taylor
	Jack Hilton	Erica Wood

Ex-Officio Present: Diana Thorpe, *Department of Medical Assistance Services*

Members Absent: Betty Bowden
Suzanne Obenshain
Xavier Richardson
Ella Brown Wright

Ex-Officio Absent: Terry Smith, *Department of Social Services*

Guests: See attached list.

Staff: Jay W. DeBoer, J.D., *Commissioner*
Tim Catherman, *Deputy Commissioner, Support Services*
Bill Peterson, *Deputy Commissioner, Programs*
Janet Riddick, *Director, Center for Elder Rights*
Barbara Childers, *Student Intern*
Marsha Mucha, *Administrative Staff Assistant*

Meeting Called to Order

Mrs. Judi Reid, Chairman of the Commonwealth Council on Aging, called the meeting to order at 10:00 a.m. She welcomed the Council's newest member, Helen Cockrell, who is filling the unexpired term of Dr. Chambers. Mrs. Reid congratulated Mrs. Cantor and Dr. Chrisley on their reappointments to the Council. She then asked members and guests to introduce themselves.

The minutes of the March 4, 2004 meeting were reviewed and approved as submitted.

Presentation by the Joint Legislative Audit and Review Commission (JLARC)

Mr. Colvin, from JLARC, presented brief background information on JLARC. He then reported on HJR 103, passed during the 2004 General Assembly Session. The purpose of the resolution is to study the impact of Virginia's aging population on the demand for, and cost of, state agency services, policies, and program management.

Mr. Colvin reported that the resolution calls for a two-year study, which will be conducted in two phases. Phase one will be an interim report presented at the October 2004, JLARC meeting

which will provide demographic information, as well as preliminary analysis of the existing service demands (met and unmet) of the aging population. Phase two will be a final report to JLARC presented in 2005 which will provide a final assessment of the existing and anticipated service demands of older Virginians, as well as how that demand may impact the future provision of state agency services.

Presentation by the Virginia Association of Area Agencies on Aging (V4A)

Mr. James, President of V4A, started the presentation by addressing the unmet needs of older Virginians. He noted that the core services provided by the area agencies on aging (AAAs) are: in-home care, home-delivered meals, transportation, care coordination, adult day care and respite care and long-term care ombudsman.

Mr. James described the current unmet needs in these areas, and explained the benefits that would accrue if adequate funding to meet these needs was provided. He stated that, if no additional demand for services had occurred since 2000, there would now be an unmet need of almost \$21 million. In closing, he explained that currently over 5,500 Virginians are on waiting lists for services.

Mrs. Lynch, Director of the Arlington Agency on Aging, reported on the *New York State Government's Planning Initiative: Project 2015*, which is helping New York state agencies prepare for the impact of an aging New York. She noted that 36 agencies participated in the planning process, including some agencies that would not usually be thought of in terms of the aging population, for example: civil service, education, state police, agriculture and markets. Mrs. Lynch explained that some of the reported trends were the growth of racial and cultural diversification, growth in the number of people with disabilities, and increased longevity of persons with disabilities.

Mrs. Cockrell, new Council member and Director of the Shenandoah Area Agency on Aging, reported that retirees and other members of the older segments of a state's population are too frequently viewed as a drain on local and state resources rather than a source of economic activity and growth. In the state of Florida, retiree spending is second only to tourism. Viewing Virginia's seniors as an industry or center of economic activity would allow Virginia to recognize certain economic opportunities, she said.

At the conclusion of these presentations, a question and answer period followed.

Commissioner's Report

Commissioner DeBoer welcomed everyone to the meeting and he welcomed Mrs. Cockrell as a new member of the Council.

He reported that the Administration on Aging (AoA) and FEMA have provided additional disaster funds to the AAAs in the aftermath of Hurricane Isabel.

Commissioner DeBoer reported that he recently spoke at an event hosted by Ukrops Supermarkets to honor their older workers. The Commissioner remarked that, over the next 20 years he believed there would be a substantial number of people in their late 70s and early 80s who would continue to work foregoing traditional retirement.

Commissioner DeBoer reported that he had recently attended the National Association of State Units on Aging (NASUA) annual meeting in Washington, DC. He noted that some of the “hot topics” were the Medicare reform plan and the reauthorization and focus of the Older Americans Act, including the current eligibility age of 60. Commissioner DeBoer further explained that there was a great deal of discussion on the Title V Employment Program, which provides employment services for those age 55 and above. The program, although included in the Older Americans Act, is operated by the Department of Labor. There has been a recent shift in focus away from the community service aspect of the Title V program towards workforce training.

Commissioner DeBoer reported that AARP, the American Automobile Association (AAA) Mid-Atlantic Region, the Virginia Department of Motor Vehicles (DMV) and the Virginia Department for the Aging (VDA) launched the GrandDriver Program last month. The goal of the program is to educate people about the effects of aging on driving ability, and to encourage drivers to make wise choices; as they grow older. Virginia is the first state to launch GrandDriver, which is an initiative of the American Association of Motor Vehicle Administrators.

Commissioner DeBoer reported that, as a result of the Governor’s Conference on Aging, Jane Woods, Secretary of Health and Human Resources, would be hosting an Aging Agenda Task Force. He noted that the Chairman and Vice-Chairman of the Council would be members of the Task Force. He reported that the first Task Force meeting would be held on June 28, 2004, at the VDA offices with priority being given to addressing assisted living issues.

In closing, Commissioner DeBoer thanked those Council members whose terms expire on June 30, 2004, and he thanked them for their expertise and dedication in serving older Virginians.

Presentation on Medicare Reform and the Medicare Prescription Drug Program (Medicare Modernization Act of 2003)

Ms. Riddick presented information on the Medicare Reform package and the new Medicare Prescription Drug program.

Ms. Riddick reported that these changes to Medicare are the largest changes to the Medicare Program since it was enacted in the mid 60s. There are currently 41 million Medicare beneficiaries in the country, and of those, 927,000 beneficiaries live in Virginia. By the year 2020, it is predicted that there will be over 62 million Medicare beneficiaries in the country. The Center for Medicare and Medicaid Services (CMS) estimates that currently \$284 billion is spent each year on the 41 million beneficiaries and that number, at the current level of services, is expected to grow to \$898 billion by 2020.

Ms. Riddick reported that, beginning January 2005, a physical exam for new Medicare enrollees and blood tests to screen for heart disease and diabetes will be added to the preventive services already covered by Medicare. The Medicare Prescription Drug Benefit (Medicare Part D) will be available in January, 2006.

Ms. Riddick reported that Medicare-approved drug discount cards became available June, 2004. CMS estimates that beneficiaries may save 10-25% on many drugs. Certain beneficiaries with low incomes will receive a \$600 credit to provide them with immediate relief on prescription

costs. The Medicare-approved drug discount card program is voluntary, and not all Medicare recipients will benefit from it. Beneficiaries can only be enrolled in one Medicare-approved drug discount card at a time; however, beneficiaries may have other discount cards they can use in addition to a Medicare-approved drug discount card. In closing, she explained that it is very important for seniors to have the information necessary to make informed decisions as to whether or not current prescription drug cards/programs they may already be enrolled in may provide better savings on their prescriptions.

Community Connection Updates

Mrs. Wood explained this exercise and noted that it was important for Council members to find out what the needs are in their communities. She also noted that Council members should find out what kinds of services the local AAAs have put in place to meet those needs, and how the Council can assist the AAA. She further noted that the exercise has made the Council more visible.

Some of the activities reported by Council members included attending a local AAA conference on home modification, participating in visiting a congregate meal site, riding along on a Meals-on-Wheels route, legislative activities, distributing materials from the local AAAs at senior events, visiting and attending meetings at the local AAAs, distributing Council and VDA materials through local community groups, teaching yoga classes at an assisted living facility, making small home repairs, and walking in the Mountain Empire Older Citizens (MEOC) walkathon. The walkathon raised \$115,000 for fuel assistance for the elderly.

Legislative Committee Report

Legislative Committee Chairman Suzanne Obenshain was not in attendance, so Mrs. Wood reported in her absence. The Legislative Committee voted to thank the legislators for restoring half of the funding cuts for home and community based care. Mrs. Wood presented the following recommendations for consideration by the Council for the Council's 2005 Legislative Platform:

- Provide an additional \$1.25 million in vital funding for fiscal year 2006 to be used by the AAAs to provide transportation services for older Virginians.
- Allocate an additional \$1.5 million in crucial funding for fiscal year 2006 to be used by the AAAs to provide long-term care ombudsman services.
- Allocate additional funds for the AAAs to increase outreach and education on the Medicare law and the Medicare-approved prescription drug discount cards.
- Recommend that accessible housing be an additional element to be included in the comprehensive plan required to be prepared by each locality.

The Council voted to accept the above as the Council's legislative platform for 2005.

After a discussion concerning assisted living, the Council decided to ask the Department of Social Services (DSS) and the State Long-Term Care Ombudsman to make presentations at the next Council meeting.

Planning and Development Committee Report

Mr. Hilton, Chairman of the Planning and Development Committee, reported that the Strategic Plan for Aging in Virginia contains six principal elements, each of which has a principal goal. Each goal now has one or two action items. He noted that many of the goals and action items are being addressed through the work of Council members as reported earlier in the “community connections” update. The following updates were also provided:

- Mr. Cash gave a brief update on transportation services for the elderly and disabled in the Staunton, Waynesboro, and Augusta County area.
- Mr. Hilton reported that a 2-day home modification seminar and product exposition was held in Arlington on May 25 and 26, 2004.
- Mr. Hilton also reported on the tutoring efforts of seniors in his community and had materials available for those interested in starting a tutoring program in their communities.
- Mrs. Koziol gave a brief report on the American Red Cross Family Caregiving Program. This program offers training for family caregivers. Group sessions can be arranged for a variety of sites. She will investigate this program further.

After his report, Mrs. Reid thanked Mr. Hilton for his leadership of the Planning and Development Committee and for his active participation on the Council. She then appointed Mrs. Koziol as the new chairman of the Planning and Development Committee.

Public Relations Committee Report

Mrs. Taylor, Chairman of the Public Relations Committee, reported that the Annual Report is the only outstanding project of the former Public Relations Committee. Mrs. Taylor explained that, according to the Council’s bylaws, the Public Relations Committee was not established as a standing committee and would no longer be an active committee. She further explained that the Public Relations Committee would be an “ad hoc” committee that would undertake projects as necessary, and that she had agreed to serve as chairman of the ad hoc committee developing this year’s Annual Report.

Bylaws Committee Report

Mr. Hilton, Chairman of the Bylaws Committee, reported on clarifications to the revised bylaws. After reviewing the clarifications, Mr. Hilton made the recommendation to adopt the modified/clarified bylaws as revised. The Council voted to adopt the revised bylaws.

Other Business

Mrs. Reid recognized each of the outgoing Council members and presented each with a certificate of appreciation on behalf of the Council.

Mrs. Reid reminded Council members that, with the expiration of the terms of Mrs. Obenshain and Mr. Hilton on June 30, 2004, there would be vacancies on the Executive Committee. Mrs. Reid recommended appointment of Dr. Lindsay and Dr. Chrisley to the Executive Committee. The Council accepted the recommendations.

The next meeting of the Council will be Thursday, September 9, 2004 at VDA. The last meeting of the year will be held December 2, 2004.

Dr. Peterson reported that on July 20, 2004, VDA would be sponsoring a statewide forum for male caregivers to be held in Richmond. He distributed registration information.

Dr. Peterson also distributed the final Legislative Summary for the 2004 General Assembly Session.

Mrs. Reid then announced recent appointments to the Council. She thanked everyone for his or her attendance and for the participation of those members whose terms were expiring.

Public Comments

There were no public comments.

Adjournment

There being no further business, the meeting was adjourned at 1:45 p.m.

 09/25/04
Barbara Taylor, Secretary Date